

MULTIPLE DEPEN. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S) 549566

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8	(1)					
9	(1)					
10	(1)					
11	(1)					
12	(1)					
13	1					
14		1				
15		1				
16		1				
17		1				
18		5				
19		5				
20		1				
21	(1)					
22	(1)					
23	(1)					
24	(1)					
25	1					
26		1				
27		1				
28		1				
29		1				
30		5				
31		5				
32		1				
33	(1)					
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	57					
TOTAL CLAIMS	60					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						